

**TEAR OFF
BEFORE USE**

U.S. Department of Transportation
Federal Aviation Administration

**SUPPLEMENTAL
INFORMATION**

AIRMAN CERTIFICATE AND/OR RATING APPLICATION - PRIVACY ACT

This supplements the form appearing below, Airman Certificate and/or Rating Application .

The information on the form is solicited under authority of Federal Aviation Regulations, Part 65.

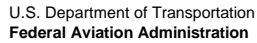
Submission of all the data is mandatory except for Social Security Account Number which is voluntary.

The purpose of this information is to establish eligibility for certification and/or airman rating.

The data will be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

Certification cannot be completed unless the data is complete.

Disclosure of your Social Security Account Number is optional: Disclosure will facilitate maintenance of your records which are maintained in alphabetical order and cross referenced with your SSAN and airman number to provide prompt access. In the event of nondisclosure a unique number will be assigned to your file.



☐ MECHANIC ☐ REPAIRMAN ☐ PARACHUTE RIGGER
☐ AIRFRAME ☐ SENIOR ☐ MASTER
☐ POWERPLANT _____
(Specify Rating)

I. APPLICANT INFORMATION

A. NAME (First, Middle, Last)					K. PERMANENT MAILING ADDRESS	
B. SOCIAL SECURITY NO.		C. DOB (Mo., Day., Yr.)		D. HEIGHT IN.	E. WEIGHT	NUMBER AND STREET, P.O. BOX, ETC.
F. HAIR	G. EYES	H. SEX	I. NATIONALITY (Citizenship)			CITY
J. PLACE OF BIRTH					STATE	ZIP CODE
L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?					M. DO YOU NOW OR HAVE YOU EVER HELD AN FAA AIRMAN CERTIFICATE?	
<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," explain on an attached sheet keying to appropriate item number).					<input type="checkbox"/> NO <input type="checkbox"/> YES	
N. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, AND DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES?					SPECIFY TYPE:	
<input type="checkbox"/> NO <input type="checkbox"/> YES					DATE OF FINAL CONVICTION	

**II. CERTIFICATE OR
RATING APPLIED FOR
ON BASIS OF -**

<input type="checkbox"/> A. CIVIL EXPERIENCE		<input type="checkbox"/> B. MILITARY EXPERIENCE		<input type="checkbox"/> C. LETTER OF RECOMMENDATION FOR REPAIRMAN <i>(Attach copy)</i>	
<input type="checkbox"/> D. GRADUATE OF APPROVED COURSE		(1) NAME AND LOCATION OF SCHOOL			
		(2) SCHOOL NO.	(3) CURRICULUM FROM WHICH GRADUATED		(4) DATE
<input type="checkbox"/> E. STUDENT HAS MADE SATISFACTORY PROGRESS AND IS RECOMMENDED TO TAKE THE ORAL/ PROACTICAL TEST (FAR 65.80)		(1) SCHOOL NAME		NO.	(2) SCHOOL OFFICIAL'S SIGNATURE
<input type="checkbox"/> F. SPECIAL AUTHORIZATION TO TAKE MECHANIC'S ORAL/PRACTICAL TEST (FAR 65.800)		(1) DATE AUTH.	(2) DATE AUTH. EXPIRES	(3) FAA INSPECTOR SIGNATURE	
				(4) FAA DIST OFC.	

III. RECORD OF EXPERIENCE

A. MILITARY COMPETANCE OBTAINED IN		(1) SERVICE		(2) RANK OR PAY LEVEL		(3) MILITARY SPECIALITY CODE	
B. APPLICANT'S OTHER THAN FAA CERTIFICATED SCHOOL GRADUATES. LIST EXPERIENCE RELATING TO CERTIFICATE AND RATING APPLIED FOR. (Continue on separate sheet, if more space is needed).							
DATES-MONTH AND YEAR		EMPLOYER AND LOCATION				TYPE WORK PERFORMED	
FROM	TO						
C. PARACHUTE RIGGER APPLICANTS: INDICATE BY TYPE HOW MANY PARACHUTES PACKED		SEAT	CHEST	BACK	LAP	FOR MASTER RATING ONLY	PACKED AS A - <input type="checkbox"/> SENIOR RIGGER <input type="checkbox"/> MILITARY RIGGER

I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE	
A. SIGNATURE	B. DATE

I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS.	DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE
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[illegible]

Results of Oral and Practical Tests

MECHANIC											
I. GENERAL - Airframe and powerplant											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
II. AIRFRAME STRUCTURES											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
III. AIRFRAME SYSTEMS AND COMPONENTS											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
IV. POWERPLANT THEORY AND MAINTENANCE											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
V. POWERPLANT SYSTEMS AND COMPONENTS											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											

PARACHUTE RIGGER					
TYPE	SEAT	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	BACK	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	CHEST	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	LAP	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
		PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>

REMARKS

DESIGNATED EXAMINER'S REPORT

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I HAVE INDICATED THE RESULT AS:

<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)
<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> FAR 65.80 - ORAL/PRACTICAL PASSED

ATTACHMENTS:

<input type="checkbox"/> REPORT OF WRITTEN TEST	<input type="checkbox"/> SUPERSEDED CERTIFICATE	<input type="checkbox"/> LETTER
<input type="checkbox"/> FAA FORM 8610-2	<input type="checkbox"/> TEMPORARY CERTIFICATE	<input type="checkbox"/> SEAL SYMBOL CARD

DATE TEST COMPLETED	EXAMINER'S SIGNATURE	DESIGNATION NO.
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APPLICANT'S CERTIFICATION

THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE (FAA FORM 8060-4)

A. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? ☐ NO ☐ Yes If "Yes," explain on an attached sheet.

B. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATES STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? ☐ NO ☐ YES → DATE OF FINAL CONVICTION

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.

A. SIGNATURE

B. DATE

FAA INSPECTOR'S REPORT

I HAVE -

☐ EXAMINED THIS APPLICANT'S PAPERS.

☐ PERSONALLY TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.

WITH THE INDICATED RESULT -

☐ APPROVED

☐ DISAPPROVED

PARACHUTE SEAL SYMBOL ASSIGNED _____

☐ ANSWER SHEET GRADED (Military Competency)

DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE
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